



PTO/SB/21 (09-04)

Approved for use through 7/31/2006

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TRANSMITTAL FORM		Application Number																																		
(to be used for all correspondence after initial filing)		10/701,848																																		
		Filing Date																																		
		November 5, 2003																																		
		First Named Inventor																																		
		B.R. Rao																																		
Art Unit		2122																																		
Examiner Name		Michael J. Yigdall																																		
Attorney Docket Number		14319US02																																		
Total Number of Pages in This Submission		11																																		
ENCLOSURES (check all that apply)																																				
<table border="1"><tbody><tr><td><input checked="" type="checkbox"/> Fee Transmittal Form</td><td><input type="checkbox"/> Drawing(s)</td><td><input type="checkbox"/> After Allowance Communication to TC</td></tr><tr><td><input checked="" type="checkbox"/> Fee Attached</td><td><input type="checkbox"/> Licensing-related Papers</td><td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td></tr><tr><td><input checked="" type="checkbox"/> Amendment/Reply</td><td><input type="checkbox"/> Petition</td><td><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)</td></tr><tr><td><input type="checkbox"/> After Final</td><td><input type="checkbox"/> Petition to Convert to a Provisional Application</td><td><input type="checkbox"/> Proprietary Information</td></tr><tr><td><input type="checkbox"/> Affidavits/declaration(s)</td><td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td><td><input type="checkbox"/> Status Letter</td></tr><tr><td><input checked="" type="checkbox"/> Extension of Time Request</td><td><input type="checkbox"/> Terminal Disclaimer</td><td><input checked="" type="checkbox"/> Return-Receipt Postcard</td></tr><tr><td><input type="checkbox"/> Express Abandonment Request</td><td><input type="checkbox"/> Request for Refund</td><td><input type="checkbox"/> Other Enclosure(s) (please identify below):</td></tr><tr><td><input type="checkbox"/> Information Disclosure Statement</td><td><input type="checkbox"/> CD Number of CD(s) _____</td><td></td></tr><tr><td><input type="checkbox"/> Certified Copy of Priority Document(s)</td><td><input type="checkbox"/> Landscape Table on CD</td><td></td></tr><tr><td><input type="checkbox"/> Reply to Missing Parts/Incomplete Application</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53</td><td></td><td></td></tr></tbody></table>				<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return-Receipt Postcard	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD Number of CD(s) _____		<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> Reply to Missing Parts/Incomplete Application			<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
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Remarks																																				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT																																				
Firm	McAndrews Held & Malloy, Ltd.																																			
Signature																																				
Printed Name	Christopher C. Winslade																																			
Date	February 7, 2005																																			
CERTIFICATE OF MAILING																																				
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22113-1450 on February 7, 2005																																				
Name (Print/type)	Christopher C. Winslade	Registration No. (Attorney/Agent)	36,308																																	
Signature		Date	02/07/2005																																	

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Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).		Complete if Known						
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2>		Application Number	10/701,848					
		Filing Date	November 5, 2003					
		First Named Inventor	B.R> Rao					
		Examiner Name	Michael J. Yigdall					
		Art Unit	2122					
Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	14319US02					
TOTAL AMOUNT OF PAYMENT (\$) 60.00								
METHOD OF PAYMENT (check all that apply)								
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____								
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)								
<input type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee								
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>	
Utility	300	150	500	250	200	100	_____	
Design	200	100	100	50	130	65	_____	
Plant	200	100	300	150	160	80	_____	
Reissue	300	150	500	250	600	300	_____	
Provisional	200	100	0	0	0	0	_____	
2. EXCESS CLAIM FEES							<u>Small Entity</u>	
<u>Fee Description</u>							<u>Fee (\$)</u>	
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent							50	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200	
Multiple dependent claims							360	
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							<u>Multiple Dependent Claims</u> <u>Fee</u> <u>Fee Paid (\$)</u>	
_____ -20 or HP _____ x _____ = _____								
HP = highest number of total claims paid for, if greater than 20								
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>								
_____ -3 or HP _____ x _____ = _____								
HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u>		<u>Extra Sheets</u>		<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
_____ -100		_____ /50		_____ (round up to a whole number)		x _____	= _____	
4. OTHER FEE(S)							<u>Fee Paid (\$)</u>	
Non-English Specification, \$130 fee (no small entity discount)							_____	
Other: <u>Petition for 1 Month Extension of Time</u>							60.00	
SUBMITTED BY								
Signature				Registration No. (Attorney/Agent)	36,308	Telephone	(312)775-8000	
Name (print/type)	Christopher C. Winslade			Date	02/07/2005			